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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	10/763,739
Filing Date	01/26/2004
First Named Inventor	John Clemens Ellis
Art Unit	3629
Examiner Name	Webb, Jamisue A
Attorney Docket Number	

**To: Commissioner for Patents
P.O. Box 1450
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Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
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NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: No longer in private practice.

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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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